

Unannounced Care Inspection Report 17 January 2017



Pinewood

Type of service: Residential care home
Address: 101 Frys Road, Ballymena, BT43 7EN
Tel no: 02825638664
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Pinewood Residential Home took place on 17 January 2017 from 10.45 to 17.15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff, training, adult safeguarding procedures, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

One recommendation was made in relation to gathering the views of residents regarding their satisfaction about services provided by the home.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

One recommendation was made in regards to reviewing the availability of activities in the home.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

One recommendation was made in regards to the review and updating of the homes statement of purpose.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Mairead Donnelly, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 18 August 2016.

2.0 Service details

Registered organisation/registered person: Northern Health and Social Care	Registered manager: Mrs Mairead Donnelly
Person in charge of the home at the time of inspection: Mrs Mairead Donnelly	Date manager registered: 22 September 2015
Categories of care: I - Old age not falling within any other category	Number of registered places: 36

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the returned Quality Improvement Plan (QIP) and the previous inspection report.

During the inspection the inspector met with nine residents, three care staff, one visiting professional and one resident's visitor/representative.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training records
- Three resident's care files
- The home's Statement of Purpose
- Complaints and compliments records

- Audits of accidents and incidents (including falls), environment, infection prevention and control procedures
- Infection control register/associated records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Input from independent advocacy services
- Safeguarding policy and procedure

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 14 questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18/08/16

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 18/08/16

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 27.8</p> <p>Stated: Second time</p> <p>To be completed by: 18 October 2016</p>	<p>The registered manager should ensure that the call bell system is connected to accurately reflect the designated areas.</p> <p>Action taken as confirmed during the inspection: On the day of the inspection electrical contractors were onsite carrying out maintenance works part of which included the call bell system.</p>	<p>Met</p>

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities the registered manager confirmed that no new staff had commenced employed in the home since the previous inspection.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was being maintained on an electronic system.

The registered manager and staff confirmed during the previous inspection that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed during the previous inspection and found to be satisfactory. No new staff have since been employed.

Review of the recruitment and selection policy and procedure during the previous inspection confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed that no staff have been recruited since the previous inspection. Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance. The registered manager confirmed that there were plans in place to identify a safeguarding champion within the home.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Mandatory adult safeguarding training was provided for all staff and management.

The registered manager confirmed there had been no recent safeguarding referrals. The registered manager confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. The registered manager and staff confirmed that there were clear channels of communication with the local hospital discharge team regarding assessing the needs of residents to be admitted to the home. If a potential resident is deemed to be unsuitable for placement at Pinewood this information will be relayed to the appropriate professionals. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

Discussion with the registered manager confirmed the use of a keypad entry system to the home. The manager confirmed this had been assessed and minimised including a push button to exit.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Records were available for inspection regarding equipment maintenance and cleaning these were maintained on an up to date basis.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Hand hygiene was also encouraged for residents at meal times. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken, one permanent resident's bedroom was found to be personalised with photographs, memorabilia and personal items. Bedrooms for short term residents accessing the step up step down care were clean, tidy and functional. Residents spoken with confirmed the rooms were comfortable. The home was fresh-smelling, clean and appropriately heated.

During the inspection electrical maintenance work was going on. The registered manager confirmed due to the scope of the work admissions had been temporarily stopped to minimise disruption to residents as some areas of the home were not accessible. The registered manager confirmed any potential risks had been identified and minimised. Actions taken were observed during the inspection. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated March 2016, the registered manager confirmed all recommendations were appropriately addressed. Information available confirmed this.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Sixteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from completed questionnaires were as follows:

- Staff are amazingly patient.
- Could have more staff, staff are well trained, the premises are well maintained.
- My care couldn't be better, it is spot on.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed. Two of these included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. One care record included relevant admission information, assessment of needs and risk assessments the care plan was due to be completed. This was discussed with the registered manager who confirmed the resident had recently been admitted to the home, a meeting had been held on the day of the inspection and the care plan would be completed as a result of the meeting.

The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents choose if they wish to have meals in their rooms, residents are also encouraged to go out with family members if they are so able.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls, outbreaks), environment, infection prevention and control procedures, and equipment used in the home are carried out at regular intervals. Further evidence of audit was contained within the monthly monitoring visit reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an

open door policy in regard to communication within the home. A recommendation was made that the views of residents should be gathered with regard to their satisfaction about the home.

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents for example each resident admitted to the home would have an allocated key worker who would be directly involved with their care programme.

Sixteen completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from completed questionnaires were as follows:

- Don’t think they (staff) could do any better, I am well cared for.
- Needs are met quick enough, I have a say in what happens to me.

Areas for improvement

One area for improvement was identified in relation to gathering the views of residents with regard to their satisfaction about the service provided by the home.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and one representative confirmed that residents’ spiritual and cultural needs were met within the home. Staff confirmed this included for example weekly visits by a Eucharistic minister, and carol singers would visit the home at Christmas time. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example an information booklet is made available to all residents upon admission to Pinewood outlining the day to day workings of the home, the services offered and who to contact if they have any issues.

The registered manager, residents and one representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, the representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights,

independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example to ensure discussions about residents care needs were held in the office and not in public areas of the home.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and one representative confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed review meetings were held for all residents who access the service and information is collated regarding the residents experience of the step up step down process and forwarded to the community placement team. As stated in section 4.4 of this report a recommendation was made that the views of residents should be gathered with regard to obtaining residents level of satisfaction about the home. The benefit of obtaining information specifically relating to the home was discussed with the registered manager.

Residents accessing the service through the step up step down service are supported to regain / maintain daily living skills through the use of a practice kitchen area. Occupational therapy and physiotherapy input is available for residents onsite to help progress their rehabilitation. A recommendation was made that the provision of activities should be reviewed ensuring residents have an opportunity to participate in a range of different activities should they so wish. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example residents are encouraged to go out with family members, links are also maintained by the home with local schools and voluntary groups.

Residents and residents representatives spoken with during the inspection made the following comments:

- "No complaints from me, staff couldn't be better, I'm happy with my room, the food is lovely."
- "This has been a very pleasant experience, staff are excellent, very good. The food is good, the only thing is you might get too much! Everything is A one."
- "I like it here, everyone is very nice and kind."
- "I am very happy with the care delivered, the staff have always been very kind. I know (he/she) is well looked after."

Sixteen completed questionnaires were returned to RQIA from residents, representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Areas for improvement

One area for improvement was identified during the inspection in relation to reviewing the availability of activities in the home for residents to participate in if they so wish.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA. Review of the home's statement of purpose showed that some factors had changed. A recommendation was made that the statement of purpose should be reviewed and updated.

A range of policies and procedures was in place to guide and inform staff. Policies were retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the residents guide and information displayed throughout the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. The registered manager confirmed no new complaints had been made since the previous inspection. Complaints records were not viewed on this occasion but shall be reviewed during the next care inspection.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. An audit of accidents and incidents was undertaken on a monthly basis learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff confirmed that they had completed training relating to swallowing awareness and dysphagia.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's statement of purpose. Discussion with the registered provider/s identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular updates and visits.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Discussion with the registered manager and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Sixteen completed questionnaires were returned to RQIA from residents, representatives, and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied /satisfied.

Comments received from completed questionnaires were as follows:

- No complaints.
- Everything works. Food is very satisfactory.
- Still a need for residential care.

Areas for improvement

One area for improvement was identified during the inspection in relation to this domain. This included the review and updating of the homes statement of purpose.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Mairead Donnelly, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via the web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 1.2 Stated: First time To be completed by: 17 May 2017	The registered provider should ensure views of residents are formally gathered with regard to their satisfaction about the service provided by the home.
	Response by registered provider detailing the actions taken: The views of residents are gathered annually and the questionnaire updated to reflect the services provided.
Recommendation 2 Ref: Standard 13.1 Stated: First time To be completed by: 17 March 2017	The registered provider should ensure the provision of activities is reviewed ensuring residents have an opportunity to participate in a range of different activities should they so wish.
	Response by registered provider detailing the actions taken: The provision of activities is being reviewed and developed to meet the needs of the service users.
Recommendation 3 Ref: Standard 20.6 Stated: First time To be completed by: 17 March 2017	The registered provider should ensure that the homes statement of purpose is reviewed and updated.
	Response by registered provider detailing the actions taken: The statement of purpose has been reviewed and is currently being updated to reflect the services provided.

Please ensure this document is completed in full and returned via the web portal



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews